State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
38543	HENRY WASTE DISPOSAL INC.

3. Street Address Principal Business Office	City	State	Zip
1370 Scituate Avenue	Cranston	R.I.	02921

4. Business Phone No.	5. State of Incorporation
401-942-5274	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
MAUREEN A. HENRY	Scott M. Henry
Street Address	**Street Address**
1370 Scituate Avenue	2 Quiver Drive
City / State / Zip	**City / State / Zip**
Cranston / R.I. / 02921	W. Warwick / R.I. / 02893
Secretary Name	**Treasurer Name**
MAUREEN A. HENRY	MAUREEN A. HENRY
Street Address	**Street Address**
1370 Scituate Avenue	1370 Scituate Avenue
City / State / Zip	**City / State / Zip**
Cranston / R.I. / 02921	Cranston / R.I. / 02921

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
MAUREEN A. HENRY	Scott M Henry
Street Address	**Street Address**
1370 Scituate Avenue	2 Quiver Drive
City / State / Zip	**City / State / Zip**
Cranston / R.I. / 02921	W. Warwick / R.I. / 02893
Director Name	**Director Name**
WALTER I. HENRY	
Street Address	**Street Address**
1370 Scituate Avenue	
City / State / Zip	**City / State / Zip**
Cranston / R.I. / 02921	

9. SHARES AUTHORIZED

1000 Comm NO PAR VALUE

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
300	Common	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Maureen A. Henry — 2-20-09
Signature *Date*

MAUREEN A. HENRY
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED
Check No. FEB 24 2009
By: By 14644
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08